	the state of the s	,				
Á	PLACE OF BIRTH	ARIZONA	STATE B	OARD OF	HEALTH	
.	County of Gila	BUREAU OF \	CS Stat	e Index No.	>	
	<b>N</b>	ORIGINAL CERT			Register No 209	ř
	District of	OMGINAL OBNI			gistrar's No	
	Town of		•		-	
	City of	(No	***************************************	St;	Ward)	
62	FULL NAME OF CHIEB! Thene	, McElha	mor		Born YES	
	If child is not named, make Supplement	tal Report on blank of	tainable from loc	al registrar.	Alive \	
<u> </u>	Sex of Twin,	and in order	Legiti-	Date of May	6 1918	
I each, in order of birth, stated. This cerymeate must be a each local Registrar within 5 days after birth.	Child - Triplet or other	of birth	mate:	(Month)	(Day) (Yr.)	
	Full FATHER Name / 7	- 01/	Full Maiden	MOTHER D	inham	
	Residence	The second second	Name / / Residence	1.1		
	Residence Chobe ari	2	- ga	obe urn	On a	_
	Color Age at 18 Birthdo	G	Color or Race	Birt		
	Birthplace	(Years)	Birthplace	7,		•
	/exas		Occupation	egas_		-
	Occupation		Occupation	in ale	•	
	mus		<del>- 700U</del>	surge	Иел	=
		ldren, of this mother, now living.		tions taken against Ophthalmi	a neonatorum?	=
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
	I hereby certify that I attended the birth of above child; and that it occurred on May 6 1918, at 197 M.					
	( *When there is no attending phys	i-)		·KII Cio	laus	
	cian or midwife, then the householde should make this return.		(Atte	nding physician, mic	(Wife, Householder:	,
	Given or christian name added from	) <b>a</b>	Address	flobe a	rizona	•
witi	supplemental report191.	Filed Wasse	)191K	13 M		
number of elwife with e	01/5-511-110/1	$I \sim 1$ .	\ A.Thuro.Con		L REGISTRAR.	
he n	975 000 477	Filed nuclo	1916	101,00	Y REGISTRAR.	
43 64	COUNTY REGISTRAR.	U		002		